2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001989

1. Entity Name

IBEX BRICKELL PARTNERS LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business	Mailing Address
2333 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	2333 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134-5418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
169 Miracle Mile		169 Miracle Mile	
Suite, Apt. #, etc. Suite R10		Suite, Apt. #, etc. Suite R10	
City & State Coral Gables, Fl		City & State Coral Gables, Fl	
Zip 33134	Country USA	Zip 33134	Country USA

4. FEI Number 65-0640457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTTMAN, RICHARD 100 SE 2ND STREET SUITE 4000 MIAMI FL 33131	Name Jose F Rosado Street Address (P.O. Box Number is Not Acceptable) 169 Miracle Mile Suite R10 City Coral Gables FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ 4/27/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $198,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P95000096173	STREET ADDRESS	169 Miracle Mile, Suite R10
NAME	IBEX BRICKELL CORP.		
STREET ADDRESS	2333 PONCE DE LEON BLVD., SUITE 650	CITY - ST - ZIP	Coral Gables, Fl 33134
CITY - ST - ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
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CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/27/2000 305-447-8607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF 21 (01)